

**Applied Assessments LLC**  
**An Independent Review Organization**

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***Notice of Independent Review Decision***

**Case Number:**

**Date of Notice:** 05/21/2015

**Review Outcome:**

***A description of the qualifications for each physician or other health care provider who reviewed the decision:***

Psychiatry

***Description of the service or services in dispute:***

Psychotherapy 60 minutes

***Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:***

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

***Patient Clinical History (Summary)***

The patient is a male whose date of injury is xx/xx/xx. On this date he sustained a right knee injury. MRI of the right knee dated 05/14/14 indicates that there has been previous ACL repair. The ACL graft appears to be intact. Note dated 08/01/14 indicates that the patient completed 12 physical therapy visits. Functional capacity evaluation dated 01/27/15 indicates that required PDL is very heavy and current PDL is light. The patient subsequently underwent right knee arthroscopy with partial medial and lateral meniscectomy on 02/10/15. Note dated 03/03/15 indicates that the patient is capable of performing at a medium PDL. Initial behavioral medicine consultation dated 03/16/15 indicates that the patient has a work occupational demand PDL of heavy and is currently testing at PDL of medium. The patient is status post right knee surgical procedure on 02/10/15. Current medications are ibuprofen and Trezix. The patient endorses both initial and sleep maintenance insomnia. Mood was euthymic while his affect was broad (normal). BDI is 6 and BAI is 9. FABQ-W is 39 and FABQ-PA is 24. Diagnosis is somatic symptom disorder with predominant pain, persistent, moderate. Physical therapy rehabilitation visit dated 03/30/15 indicates that the patient performed rehab with a positive attitude and he is performing a home exercise program. Follow up note dated 04/03/15 indicates that the patient states he is doing well and improving. Report of maximum medical improvement/impairment dated 04/14/15 indicates that the patient completed postoperative therapy with good improvement. The patient has been recommended for transition to a work hardening program. The patient has been released to return to work with multiple work restrictions. The patient has not reached maximum medical improvement as he is now being transitioned to a home exercise program.

Initial request for psychotherapy was non-certified on 04/08/15 noting that it does not appear that the patient is depressed or anxious, and although FABQ scores are high, the patient is progressing in PT, so fear/avoidance does not seem to be a major issue. Psychological treatment aimed at reducing fear/avoidance does not appear justified given the patient's progress physically and lack of emotional distress. Reconsideration request dated 04/16/15 indicates that he has completed 12 sessions of physical therapy on 04/09/15 with good benefit. He will see his doctor soon to see if he needs more physical therapy. Present medications are listed as ibuprofen 800 mg and Trezix. There is noted to be pain interference on recreational, social and familial activities rated as 6/10. There is difficulty with activities of daily living. The denial was upheld on appeal dated 04/30/15 noting that there are minimal

psychological indicators. Treatment of pain is the primary goal, but the patient is only taking ibuprofen at this time.

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

The patient sustained a knee injury on xx and underwent surgical intervention on 02/10/15. The patient has completed a postoperative course of physical therapy with documented improvement. The patient's Beck scales are in the normal range. There is no documentation in the functional capacity evaluation or postoperative rehabilitation records that the patient did not provide full effort or that his functioning was limited by fear avoidance. Given the lack of significant psychological indications to support a course of individual psychotherapy, medical necessity is not established in accordance with the Official Disability Guidelines. As such, it is the opinion of the reviewer that the request for psychotherapy 60 minutes is not recommended as medically necessary.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Medical Literature (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)